

Vocational Rehabilitation Discontinuance ReportState File # _____
Soc. Sec. No: _____

Claimant Name: _____

☐ **SUSPEND**

Suspension Dates: _____ to _____

Reason for Suspension: _____

☐ **CLOSURE**

Closure Date: _____ Closure Code: _____ Months Opened: _____

Reason for Closure: _____

Contract Costs* _____ Benefit Costs** _____ Total Costs _____

RTW Date _____ New Employer's Name: _____

Job Title _____ DOT Code _____

Weekly Wage _____ Hours Worked per Week _____

Commissioner of Labor/Designee

Approved _____ Denied _____

ORIGINAL – DEPT. OF LABOR COPY - VR VENDOR COPY - INS CO/INSURED COPY – EMPLOYEE

* Contract Costs include counselor time, postage, contact with carrier, etc.

** Benefit Costs include training, tools, clothing, books, etc.